SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

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Page 1 of 3

FROM THE DESK OF THE DDSN MEDICAL CONSULTANT

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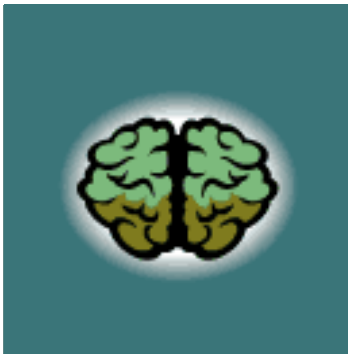
SEIZURES



Many persons with developmental disabilities have seizures. In our care for our consumers, we need to help them deal with seizure episodes and their management. This management involves a team of people, but we are all responsible for observation, first aid during episodes, and for helping to prevent seizures. This newsletter will look at general topics only.

What Is A Seizure?

Seizures are changes in behavior that are sudden, abrupt, usually short, and have associated changes in brain activity and in electrical brain wave patterns. If a person has repeated seizures they are usually similar and due to an electrical storm in the same part of the brain. When a person has more than one seizure, we say they have a seizure disorder (also called epilepsy).

What Can A Seizure Look Like?

Seizures usually have patterns that may include:

- loss of consciousness, stiffness, then jerking, then going to sleep (tonic-clonic seizure
- sudden muscle jerks (myoclonic seizures)
- falls, drop attacks (atonic seizures)
- Staring unaware episodes (absence seizures)
- localized movement or sensory upsets (simple partial seizures)
- staring or confused behavior with undirected activity (complex partial seizures)

Most seizures in persons with developmental disabilities are tonic-clonic or convulsive seizures, but also we see a picture of a mixture of types happen for one person.

Different sorts of seizures are best treated with different medications. Therefore, it is important to know what a seizure looks like . So, please be a good observer, collecting information to help in treatment choices. Record what you see.

- When and where did the seizure happen
- How did the seizure start?
- What happened next?
- Was the person aware of their surroundings or not?
- Were they able to answer questions as usual?
- How long did the episode last? (Time it if possible)
- What happened afterwards?
- When was the person able to respond normally again?

The diagnosis of seizures is made from the history and then assisted by some tests so your observation is very important.

How Do We Care for a person having a convulsive seizure?

Most importantly, we need to stay calm. We cannot stop a seizure . The seizure will usually settle and the person recover, but they need protection from injury during the episode.

If a person has a jerking (conclusive) seizure (that is a tonic-clonic seizure)

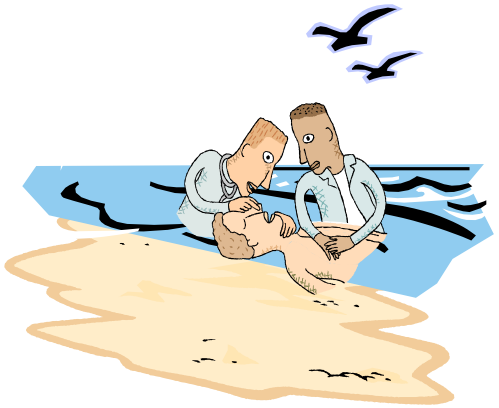
- Clear the area of sharp, hard or hot things that may cause injury.
- Do not place anything in the mouth or between the teeth.
- Do not restrain the person
- Loosen tight clothes where possible.
- Lie them down on their side with something soft under their head.
- Once the seizure settles, lie person In side lying position and let them rest. Do not leave alone until fully awake.

Get aid or medical assistance if:

- breathing does not start again
- seizure lasts more than 5 minutes (by the clock, it always seems so long!)
- the seizure starts again without the person waking properly
- the person is injured
- this is the first seizure the person has had
- in public, if you do not know the persons history and they do not have an ID bracelet or pendant

Care of seizures in water

- Keep calm.
- Support with head tilted back so that face and mouth are above surface.
- Remove from water and check for breathing.
- Use rescue breathing if needed.
- Get checked for possible aspiration.



Care of seizures in a wheelchair

- Keep calm.
- Standing behind the chair, put your arms under the persons arms and support their chin to help the airway stay open.
- After seizure, lie in side lying position.

MANAGEMENT OF NON-CONVULSIVE SEIZURES

Myoclonic Jerks	- brief, sudden muscle jerks - calm the patient - check for injury if near hot or pointed objects
Atonic Seizures	- drop attack, muscle tone lost for a very short time - not usually able to catch them - helmet may be needed for some persons
Absence Seizures	- brief loss of awareness - note the event in your records
Complex partial Seizure	- confused, not fully aware, may have inappropriate behavior - we cannot stop it - need to keep away from danger - do not restrain unless absolutely necessary (can can provoke very strong reactions) - speak quietly, soothingly - do not leave until person is aware of surroundings again

HOW DO WE PREVENT SEIZURES FROM HAPPENING AGAIN?

The best help is good diagnosis and effective medication in a team process with consumer, advocates, team and health provider.

If medication is used, we need to be sure the person does take it. We need to follow-up well and make good observations and records to help with this. A person with epilepsy is more likely to have a seizure if they miss their medication or if they get tired, sick, excited or stressed, so watch for these. Anyone can have a seizure if they have a high enough temperature, serious enough head injury, or low enough glucose level, so we try to avoid these for persons with epilepsy. In the population with developmental disabilities and seizure disorder, constipation can also make a seizure more likely to happen. With our support, we can reduce the risk of seizures for our consumers and help them have a better life with as few as possible side-effects. We will be discussing other aspects of seizures in a later newsletter.

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